

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. 10/030652 | | FILING DATE | |
|--|------|------------------------|------|------------------------|------|--------------------------------|------|-------------|------|
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | |
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| TOTAL IND. | 1 | | | | | | | | |
| TOTAL DEP. | 25 | | | | | | | | |
| TOTAL CLAIMS | 26 | | | | | | | | |
| TOTAL IND. | | | | | | | | | |
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